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**MOTOROLA****FAX TRANSMITTAL SHEET**Motorola, Inc.  
Intellectual Property Section  
Law Department  
600 North U.S. Highway 45  
Libertyville, IL 60048

OFFICIAL

Telephone: (847) 523-3978  
Facsimile: (847) 523-2350

8

Number of Pages (including this page)

Date: 6/01/04

To: Commissioner for Patents

Location: United States Patent and Trademark Office

Fax No.: 703 872-9306

From: Roland K. Bowler II

Registration No. 33,477

Subject: Serial No. 10/748,032

Docket No. CS23259RL

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Enclosed herewith, please find:

- ☒ Response to Notice to File Missing Parts
- ☒ Transmittal Form
- ☒ Fee Transmittal Form
- ☒ Declaration Combined with Power of Attorney

**PLEASE GIVE THESE PAPERS TO:**

|                 |            |
|-----------------|------------|
| EXAMINER:       | Unknown    |
| GROUP ART UNIT: | 2611       |
| SERIAL NO.:     | 10/748,032 |
| FILED:          | 12/30/03   |
| INVENTOR:       | Mang Zhu   |

DOCKET NO.: CS23259RL

## UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Zhu, Mang et al.  
APPLICATION NO.: 10/748,032  
FILED: 12/30/03  
GROUP ART UNIT: 2611  
TITLE: Broadcast/Multicast Services in Communications Networks

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Commissioner for Patents  
Alexandria, VA 22313-1450

Attention: Customer Service Center  
Initial Patent Examination Division

RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION

Sir:

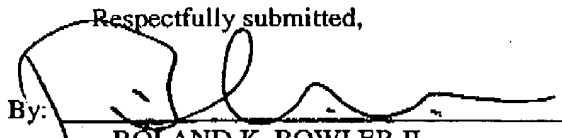
Responsive to the Notice to File Missing Parts of Application dated 4/28/04  
please find enclosed:

- ☒ 3 page Declaration Combined with Power of Attorney
- ☒ 1 page copy of Notice to File Missing Parts of Application
- ☐ sheets of formal drawings
- ☐ Petition for extension of time

The Commissioner is hereby authorized to charge all fees due to Account No. 50-2117. A fee transmittal is enclosed.

## SEND CORRESPONDENCE TO:

Motorola, Inc.  
Law Department  
Customer Number: 20280

Respectfully submitted,  
  
By: ROLAND K. BOWLER II  
Attorney of Record  
Reg. No.: 33,477  
Telephone: 847-523-3978  
Fax No.: 847-523-2350


PTO/SB/21 (08-00)

|   |   |                        |                  |
|---|---|------------------------|------------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) |   | Application Number     | 10/748,032       |
|   |   | Filing Date            | 12/30/03         |
|   |   | First Named Inventor   | Zhu, Mang et al. |
|   |   | Group Art Unit         | 2611             |
|   |   | Examiner Name          | Unknown          |
| Total Number of Pages in this Submission  | 7 | Attorney Docket Number | CS23259RL        |

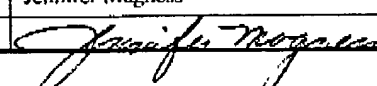
  

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| ENCLOSURES  |  | (check all that apply)  |
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/Declaration(s)<br><input type="checkbox"/> Extension of time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Documents<br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><input checked="" type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-Related papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CDs | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter with appropriate copies<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)<br><input checked="" type="checkbox"/> Declaration Combined with Power of Attorney<br><input type="checkbox"/> sheet(s) formal drawings<br><input checked="" type="checkbox"/> copy of Notice to File Missing Parts of Application |
| Remarks   |  |   |

|  |   |                  |        |
|--|---|------------------|--------|
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |                  |        |
| Firm or Individual                         | Roland K. Bowler II   | Registration No. | 33,477 |
| Signature                                  |  |                  |        |
| Date                                       | 6/01/04   |                  |        |

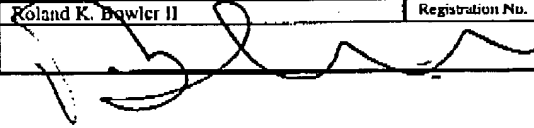
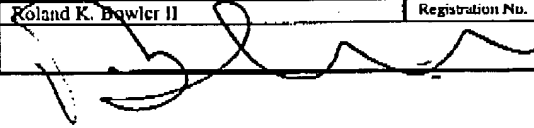
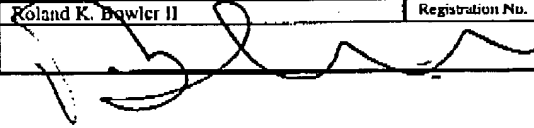
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| I hereby certify that this correspondence is being facsimile transmitted to the United States Patent Office at 703-872-9306 on this date: |   |      |         |
| Typed or printed name   | Jennifer Magness  |      |         |
| Signature   |  | Date | 6/02/04 |

CS23259RL

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| PTO/SB/17 (1-03)   |                    | Complete if Known    |                  |
|--|--------------------|----------------------|------------------|
| <b>FEE TRANSMITTAL</b><br><br>Patent fees are subject to annual revision |                    | Application Number   | 10/748,032       |
|  |                    | Filing Date          | 12/30/03         |
|  |                    | First Named Inventor | Zhu, Mang et al. |
|  |                    | Examiner Name        | Unknown          |
|  |                    | Group Art Unit       | 2611             |
| TOTAL AMOUNT OF PAYMENT  | (\$) <b>130.00</b> | Attorney Docket No.  | CS23259RL        |

| METHOD OF PAYMENT  |   | FEE CALCULATION (continued)  |                     |  |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
|--|---|--|---------------------|--|----------------|-----------------|------|------|----------|------|------------------------|------|-----|------|----|-------------------------------------|------|------|------|------|---------------------------------------|-------------------------------------|----|------|-----|--|-----|---------------------------|-----|------|--|---------------------------------|------|---|--|------|------|------|------|--|--|------|-------|------|-------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|------|------|-----|---|--|------|------|------|------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|------|------|------|---|--|------|-----|------|----|-------------------------------------|--|------|------|------|-----|------------------------------------|--|------|------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|-------------------|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------|--|--|--|--------------|--|------------------|--|--|--|----------------|----------------|----------------|----------------|-----------------|------|----|------|---|------------------------|------|----|------|----|-----------------------------------|------|-----|------|-----|---------------------------------------|-----|----|-----|----|--|-----|----|-----|---|--|---------------------------------|--|--------------|--|--------------------------|--|-------------------|----------------------------|------------------|---------------|-----------|---|-----------|---------------------|--|--|-----------|---------------|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:<br>Deposit Account Number <b>50-2117</b><br>Deposit Account Name <b>Motorola, Inc.</b><br><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |   | 3. ADDITIONAL FEES<br><table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th></th></tr><tr><th>Code</th><th>Fee (\$)</th><th>Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td>130</td></tr><tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late Provisional filing</td><td></td></tr><tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr><tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for ex parte Reexamination</td><td></td></tr><tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr><tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr><tr><td>1254</td><td>1480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1255</td><td>2010</td><td>2255</td><td>1005</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr><tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr><tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavailability</td><td></td></tr><tr><td>1453</td><td>1330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>1501</td><td>1330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr><tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr><tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(a)</td><td></td></tr><tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of IDS</td><td></td></tr><tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of papers)</td><td></td></tr><tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr><tr><td colspan="2">Other fee (specify)</td><td colspan="2"></td></tr><tr><td colspan="2">SUBTOTAL (1)</td><td colspan="2">(\$)<b>0.00</b></td></tr><tr><td colspan="2">2. EXTRA CLAIM FEES<br/>Total Claims <input type="text"/> -20** = <input type="text"/> X <input type="text"/> = <input type="text"/><br/>Independent Claims <input type="text"/> -3** = <input type="text"/> X <input type="text"/> = <input type="text"/><br/>Multiple Dependent <input type="text"/> = <input type="text"/><br/><table border="1"><thead><tr><th>Large Fee Code</th><th>Entry Fee (\$)</th><th>Small Fee Code</th><th>Entry Fee (\$)</th><th>Fee Description</th></tr></thead><tbody><tr><td>1615</td><td>18</td><td>2615</td><td>9</td><td>Claims in excess of 20</td></tr><tr><td>1614</td><td>86</td><td>2614</td><td>43</td><td>Independent claims in excess of 3</td></tr><tr><td>1616</td><td>290</td><td>2616</td><td>145</td><td>Multiple dependent claim, if not paid</td></tr><tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims Over original patent</td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr></tbody></table><br/>SUBTOTAL (2) (\$)<b></b><br/>**OR NUMBER PREVIOUSLY PAID, IF GREATER. For Reissues, see above</td><td colspan="2">SUBTOTAL (3) (\$)<b>130.00</b></td></tr><tr><td colspan="2">SUBMITTED BY</td><td colspan="2">Complete (if applicable)</td></tr><tr><td>Name (Print/Type)</td><td><b>Roland K. Bowler II</b></td><td>Registration No.</td><td><b>33,477</b></td></tr><tr><td>Signature</td><td></td><td>Telephone</td><td><b>847-523-3978</b></td></tr><tr><td></td><td></td><td>Mail Date</td><td><b>6-2-04</b></td></tr></tbody></table> |                     | Large Entity   | Small Entity   | Fee Description |      | Code | Fee (\$) | Code | Fee (\$)               | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath | 130  | 1052 | 50   | 2052 | 25                                    | Surcharge - late Provisional filing |    | 1053 | 130 | 1053   | 130 | Non-English specification |     | 1812 | 2520   | 1812                            | 2520 | For filing a request for ex parte Reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1840* | 1805 | 1840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month |  | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2010 | 2255 | 1005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1510 | 1451 | 1510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavailability |  | 1453 | 1330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(a) |  | 1806 | 180 | 1806 | 180 | Submission of IDS |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of papers) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  | SUBTOTAL (1) |  | (\$) <b>0.00</b> |  | 2. EXTRA CLAIM FEES<br>Total Claims <input type="text"/> -20** = <input type="text"/> X <input type="text"/> = <input type="text"/><br>Independent Claims <input type="text"/> -3** = <input type="text"/> X <input type="text"/> = <input type="text"/><br>Multiple Dependent <input type="text"/> = <input type="text"/><br><table border="1"><thead><tr><th>Large Fee Code</th><th>Entry Fee (\$)</th><th>Small Fee Code</th><th>Entry Fee (\$)</th><th>Fee Description</th></tr></thead><tbody><tr><td>1615</td><td>18</td><td>2615</td><td>9</td><td>Claims in excess of 20</td></tr><tr><td>1614</td><td>86</td><td>2614</td><td>43</td><td>Independent claims in excess of 3</td></tr><tr><td>1616</td><td>290</td><td>2616</td><td>145</td><td>Multiple dependent claim, if not paid</td></tr><tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims Over original patent</td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr></tbody></table><br>SUBTOTAL (2) (\$) <b></b><br>**OR NUMBER PREVIOUSLY PAID, IF GREATER. For Reissues, see above |  | Large Fee Code | Entry Fee (\$) | Small Fee Code | Entry Fee (\$) | Fee Description | 1615 | 18 | 2615 | 9 | Claims in excess of 20 | 1614 | 86 | 2614 | 43 | Independent claims in excess of 3 | 1616 | 290 | 2616 | 145 | Multiple dependent claim, if not paid | 109 | 84 | 209 | 42 | ** Reissue independent claims Over original patent | 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent | SUBTOTAL (3) (\$) <b>130.00</b> |  | SUBMITTED BY |  | Complete (if applicable) |  | Name (Print/Type) | <b>Roland K. Bowler II</b> | Registration No. | <b>33,477</b> | Signature |  | Telephone | <b>847-523-3978</b> |  |  | Mail Date | <b>6-2-04</b> |
| Large Entity   | Small Entity  | Fee Description  |                     |  |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| Code   | Fee (\$)  | Code   | Fee (\$)            |  |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1051   | 130   | 2051   | 65                  | Surcharge - late filing fee or oath                                    | 130            |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1052   | 50  | 2052   | 25                  | Surcharge - late Provisional filing                                    |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1053   | 130   | 1053   | 130                 | Non-English specification  |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1812   | 2520  | 1812   | 2520                | For filing a request for ex parte Reexamination                        |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1804   | 920*  | 1804   | 920*                | Requesting publication of SIR prior to Examiner action                 |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1805   | 1840*   | 1805   | 1840*               | Requesting publication of SIR after Examiner action                    |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1251   | 110   | 2251   | 55                  | Extension for reply within first month                                 |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1252   | 420   | 2252   | 210                 | Extension for reply within second month                                |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1253   | 950   | 2253   | 475                 | Extension for reply within third month                                 |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1254   | 1480  | 2254   | 740                 | Extension for reply within fourth month                                |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1255   | 2010  | 2255   | 1005                | Extension for reply within fifth month                                 |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1401   | 330   | 2401   | 165                 | Notice of Appeal   |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1402   | 330   | 2402   | 165                 | Filing a brief in support of an appeal                                 |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1403   | 290   | 2403   | 145                 | Request for oral hearing   |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1451   | 1510  | 1451   | 1510                | Petition to institute a public use proceeding                          |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1452   | 110   | 2452   | 55                  | Petition to revive - unavailability                                    |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1453   | 1330  | 2453   | 665                 | Petition to revive - unintentional                                     |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1501   | 1330  | 2501   | 665                 | Utility issue fee (or reissue)   |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1502   | 480   | 2502   | 240                 | Design issue fee   |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1503   | 640   | 2503   | 320                 | Plant issue fee  |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1460   | 130   | 1460   | 130                 | Petitions to the Commissioner  |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1807   | 50  | 1807   | 50                  | Processing fee under 37 CFR 1.17(a)                                    |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1806   | 180   | 1806   | 180                 | Submission of IDS  |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 8021   | 40  | 8021   | 40                  | Recording each patent assignment per property (times number of papers) |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1809   | 770   | 2809   | 385                 | Filing a submission after final rejection (37 CFR § 1.129(a))          |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1810   | 770   | 2810   | 385                 | For each additional invention to be examined (37 CFR § 1.129(b))       |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1801   | 770   | 2801   | 385                 | Request for Continued Examination (RCE)                                |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1802   | 900   | 1802   | 900                 | Request for expedited examination of a design application              |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| Other fee (specify)  |   |  |                     |  |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| SUBTOTAL (1)   |   | (\$) <b>0.00</b>   |                     |  |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 2. EXTRA CLAIM FEES<br>Total Claims <input type="text"/> -20** = <input type="text"/> X <input type="text"/> = <input type="text"/><br>Independent Claims <input type="text"/> -3** = <input type="text"/> X <input type="text"/> = <input type="text"/><br>Multiple Dependent <input type="text"/> = <input type="text"/><br><table border="1"><thead><tr><th>Large Fee Code</th><th>Entry Fee (\$)</th><th>Small Fee Code</th><th>Entry Fee (\$)</th><th>Fee Description</th></tr></thead><tbody><tr><td>1615</td><td>18</td><td>2615</td><td>9</td><td>Claims in excess of 20</td></tr><tr><td>1614</td><td>86</td><td>2614</td><td>43</td><td>Independent claims in excess of 3</td></tr><tr><td>1616</td><td>290</td><td>2616</td><td>145</td><td>Multiple dependent claim, if not paid</td></tr><tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims Over original patent</td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr></tbody></table><br>SUBTOTAL (2) (\$) <b></b><br>**OR NUMBER PREVIOUSLY PAID, IF GREATER. For Reissues, see above |   | Large Fee Code   | Entry Fee (\$)      | Small Fee Code   | Entry Fee (\$) | Fee Description | 1615 | 18   | 2615     | 9    | Claims in excess of 20 | 1614 | 86  | 2614 | 43 | Independent claims in excess of 3   | 1616 | 290  | 2616 | 145  | Multiple dependent claim, if not paid | 109                                 | 84 | 209  | 42  | ** Reissue independent claims Over original patent | 110 | 18                        | 210 | 9    | ** Reissue claims in excess of 20 and over original patent | SUBTOTAL (3) (\$) <b>130.00</b> |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| Large Fee Code   | Entry Fee (\$)  | Small Fee Code   | Entry Fee (\$)      | Fee Description  |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1615   | 18  | 2615   | 9                   | Claims in excess of 20   |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1614   | 86  | 2614   | 43                  | Independent claims in excess of 3                                      |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 1616   | 290   | 2616   | 145                 | Multiple dependent claim, if not paid                                  |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 109  | 84  | 209  | 42                  | ** Reissue independent claims Over original patent                     |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| 110  | 18  | 210  | 9                   | ** Reissue claims in excess of 20 and over original patent             |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| SUBMITTED BY   |   | Complete (if applicable)   |                     |  |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| Name (Print/Type)  | <b>Roland K. Bowler II</b>  | Registration No.   | <b>33,477</b>       |  |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
| Signature  |  | Telephone  | <b>847-523-3978</b> |  |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |
|  |   | Mail Date  | <b>6-2-04</b>       |  |                |                 |      |      |          |      |                        |      |     |      |    |                                     |      |      |      |      |                                       |                                     |    |      |     |  |     |                           |     |      |  |                                 |      |   |  |      |      |      |      |  |  |      |       |      |       |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |      |      |     |   |  |      |      |      |      |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |      |      |      |   |  |      |     |      |    |                                     |  |      |      |      |     |                                    |  |      |      |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |                   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                     |  |  |  |              |  |                  |  |  |  |                |                |                |                |                 |      |    |      |   |                        |      |    |      |    |                                   |      |     |      |     |                                       |     |    |     |    |  |     |    |     |   |  |                                 |  |              |  |                          |  |                   |                            |                  |               |           |   |           |                     |  |  |           |               |

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| APPLICATION NUMBER | FILING OR 371 (c) DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|------------------------|-----------------------|------------------------|
| 10/748,032         | 12/30/2003             | Mang Zhu              | CS23259RL              |

20280  
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CONFIRMATION NO. 6749

## FORMALITIES LETTER

\*OC00000001 2471548\*

Date Mailed: 04/28/2004

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted***Items Required To Avoid Abandonment:**

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

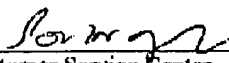
**SUMMARY OF FEES DUE:**

Total additional fee(s) required for this application is **\$130** for a Large Entity

- **\$130** Late oath or declaration Surcharge.

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*A copy of this notice **MUST** be returned with the reply.*

  
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